

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AD FILED		AD TOT ALLOC'D		AD TOT 2ND ALLOC'D	
	CID	DEP	CID	DEP	CID	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		4				
9		2				
10	1					
11		1				
12		1				
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TOTAL IND.	2					
TOTAL DEP.	20					
TOTAL CLAIMS	22					

NO.	CID	DEP	CID	DEP	CID	DEP
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TOTAL CLAIMS						